

Butter X

Died at Oakland Town Genett County MARYLAND
 Date 1902 Sept 18 Month Day Y. M. D. Age 4 Native of MD Occupation —
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of —
 Wife

Father's Name S. M. Butter Mother's Maiden Name Florence Hauser

Cause of Death { Primary not known How long sick 4 days
 Immediate — Accident — Suicide — Homicide —

Reported by M. C. Humbergh Ona

Address Oakland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jurgeson Infant X

Died at

Elder

Town

County

Garrett Co

MARYLAND

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

9 25

Age

3 hours

Ind

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Hayes Jurgesson

Mother's

Name

Jola Friend

Cause of

Primary

How long sick

3 hrs

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

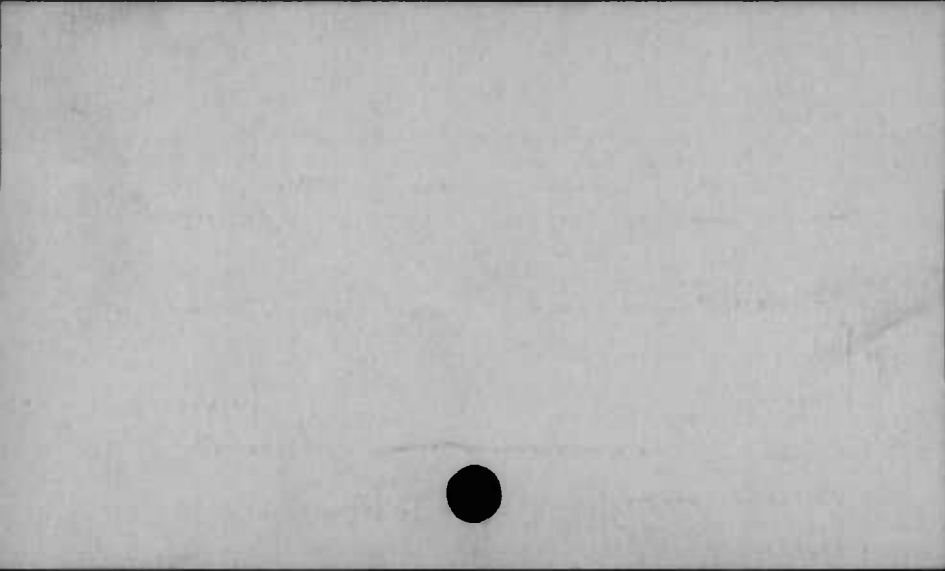
A. P. Mason Mrs

Address

Frederickville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65788



Name in Full

Certificate of Death

Wm Reed Getty

Town

County

Died at

Grantville

Gar.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

12

Age

70

6

19

Md

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75003



Martin

Town *Sunnyside* County *Garret* MARYLAND

Died at *Sunnyside* Month *Sept* Day *19* Y. *80* M. *6* D. *1* Native of *Germany* Occupation *Farmer*

Date 190*2*

Male ☐ White ☐ Married ☐ Widowed ☐ Divorced ☐ Number of children living *2*

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of *—* Wife

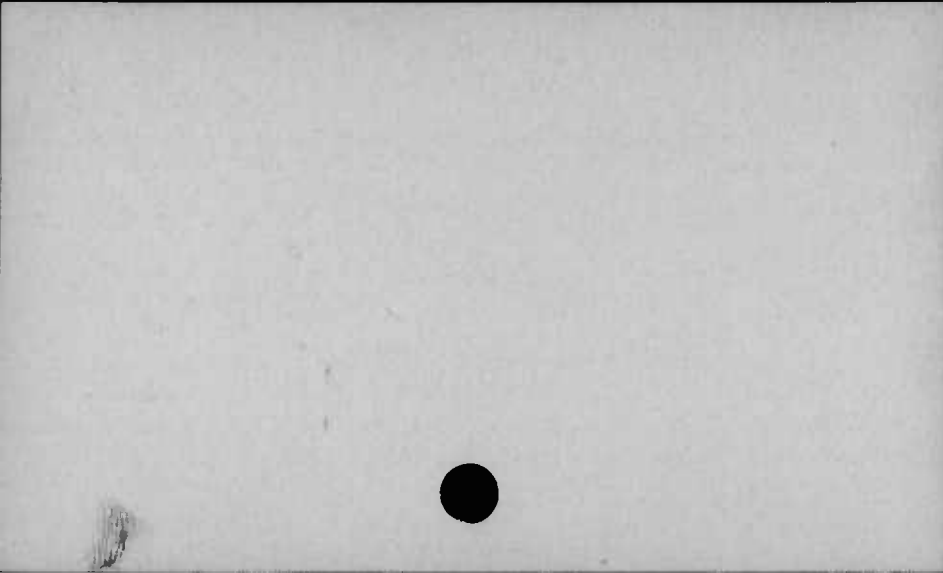
Father's Name *Francis Martin* Mother's Maiden Name *Invalid for years*

Cause of Death { Primary *General Debility* Immediate ☐ How long sick *for years* Accident, Suicide, Homicide ☐

Reported by *J. Gilbert Selby*

Address *Eglon W. Sta*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francis Martin
 Town County

Died at *Distric #8* *Bar.* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19 *02* *9* *12* Age *80*
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~ *Farmer*
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *2*

Husband
 of
 Wife

Father's Name Mother's
 Maiden Name

Cause of Death	Primary	How long sick
	Immediate	Accident, Suicide, Homicide

Reported by *The Mountain Democrat*
 Address *Oakland Md.* *Sept 26 1912*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Emily V. Marley.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

9

11

Age

1

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Mother's

Name Geo. Marley Jr. Maiden Name

Cause of Primary

How long sick

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

The Garrett Journal

Address

Oakland Md

Sept. 19, 1902.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Marly X

Town County
 Died at Deer Park Gennett MARYLAND
 Month Day Y. M. D. Native of Occupation
 Date 1902 sept 11 Age 1.6 ma
 Male White Married Widow Divorced
 Female Colored Single Widow Number of children living 1

Husband of —
 Wife

Father's Name George Morley Mother's Maiden Name Bell
 Cause of Death { Primary Cholera infantum How long sick 10 days
 Immediate Accident, Suicide, Homicide

Reported by Dr Hinebaugh & Scriffler
 Address Oakland & Deer Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

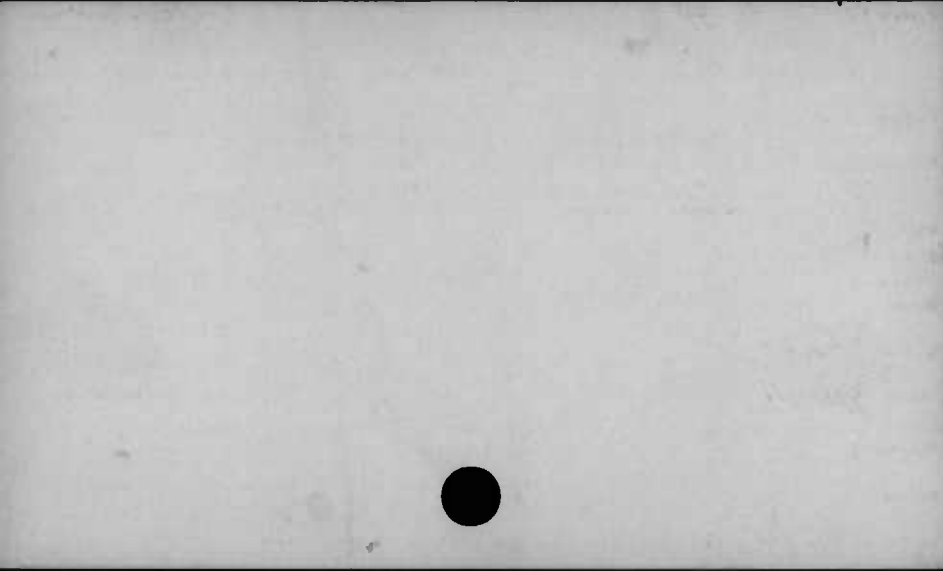
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70006



Hony Ross
 Town County

Died at *Corleont* *Garet* MARYLAND

Date 1902 9-1 Y. M. D. Age 10 Native of *MD* Occupation _____
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living _____

Husband of

~~Wife~~

Father's Name *Albert G. Ross* Mother's Maiden Name *Jessie Suter*

Cause of Death { Primary *Scarlatina and Enteric Fever* How long sick _____
 { Immediate *Pneumonia* Accident, Suicide, Homicide _____

Reported by *M. C. Hinebaugh*
 Address *Corleont*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Fay Selby X

Town

County

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	17	3			Md	

Male ☒ Female ☐ White ☒ ~~Colored~~ ☐ Married ☒ ~~Widow~~ ☐ Divorced ☐ ~~Widower~~ ☐ Number of children living ~~_____~~

Primary

Immediate

A. Mason M.D.

Froggsville Md

How long sick

Inflammation of Bowels

Accident, Suicide, Homicide



Name in Full

Certificate of Death

Sarah Summerson

Town

County

Died at

Cove

Garrett

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Sept

30

Age

20

Maryland Farmer

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Wm Summerson Lena Branch

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

R. A. Chivers

Address

Accident Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full

Certificate of Death

Lloyd C. Vanbickle

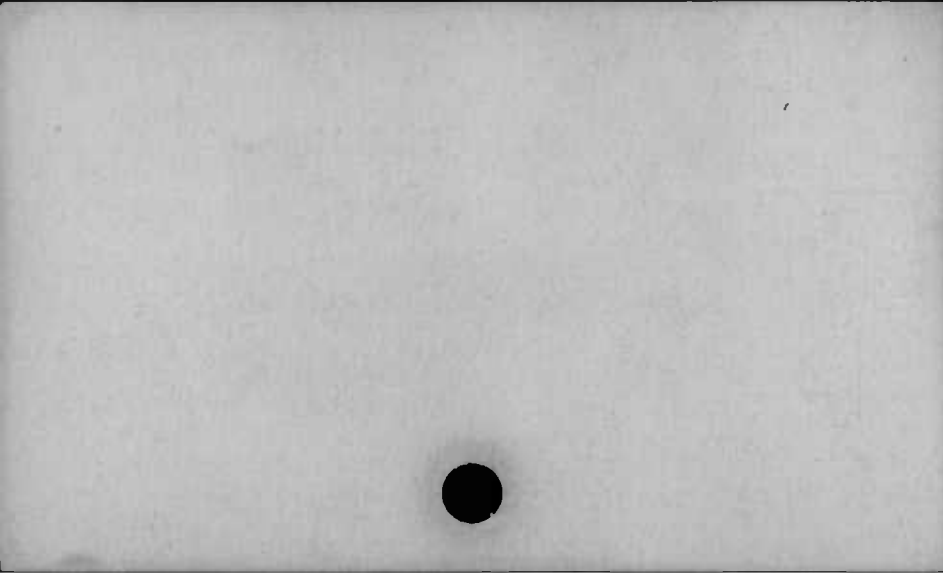
Died at Town Friendsville County Garrett MARYLAND

Date 1902 Month 9 Day 24 Age 22 Y. M. D. Native of Md Occupation
 Male White Married Widowed Divorced
 Single Widowed Number of children living

Husband of
 Wife
 Father's Name Ephraim Vanbickle Mother's Name Bertha Q. Londermilk
 Cause of Death Primary Immediate How long sick 2 mo 2 days
 Accident, Suicide, Homicide

Reported by A. J. Mason M.D.
 Address Friendsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

X
Kyle Paul Sickle

Town

Friendsville

County

Garrett

MARYLAND

Died at

Date 1892

Month Day

9 21

Y.

M.

D.

Age 58 2 5

Native of

Ind

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

~~Married~~
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Heart Failure

How long sick

10 days

Death

Immediate

~~Accident, Suicide, Homicide~~

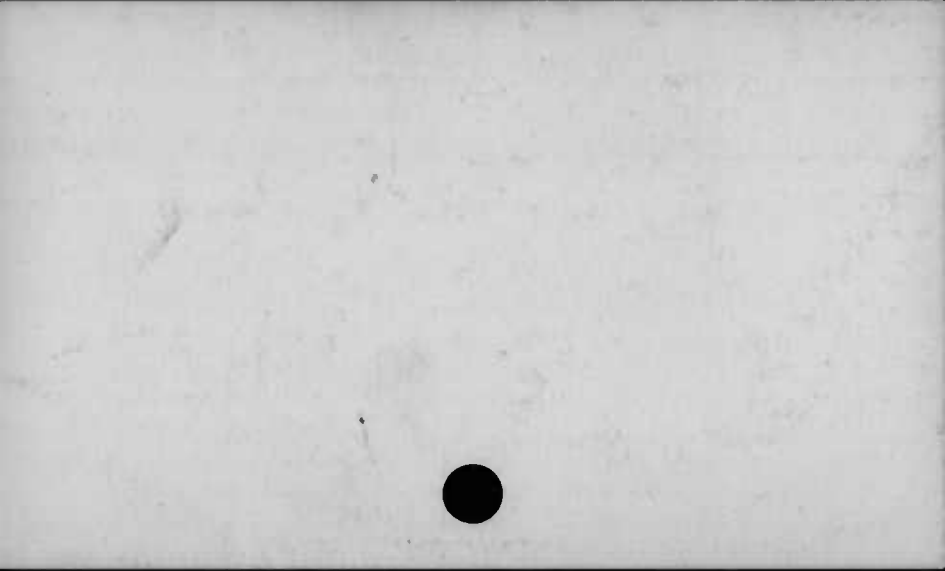
Reported by

A. J. Mason Ind

Address

Friendsville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catharine ~~Scott~~ Wilson

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

